

APPOINTMENT DETAILS

Patient Name: Test Patient | N/A | 35 yrs
Contact: patient@example.com | +918976358976
UHID: UHIDPAT041
Appt ID: 42

Consult Date: 13/08/2025 at 10:17 AM
Consult Type: Video Call

VITAL SIGNS

Pulse: 23 bpm
Blood Pressure: 54/56 mmHg
Temperature: 45.0°C

Weight: 67.00 kg
Height: 565.00 cm

CHIEF COMPLAINTS

asdasd

DIAGNOSIS/ PROVISIONAL DIAGNOSIS

Primary Diagnosis: 5654v adsas
Secondary Diagnosis: asd adfsads

MEDICATIONS

Name	Strength	Dosage	Frequency	Duration	Instructions
Paracetamol 500mg		0-0-0	Once Daily	7d w m	

ADVICE/ INSTRUCTIONS

General Instructions: asd asdasd
Fluid Intake: 2
Diet Instructions: a sfasda ds
Lifestyle Advice: asdasdsd
Next Visit: 3
Follow-up Notes: asdfasd

(Doctor's Signature)

Disclaimer: This prescription is issued on the basis of your inputs during teleconsultation. It is valid from the date of issue until the specific period/dosage of each medicine as advised.

